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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT Date Submitting 16 2 5 2010 (use as many sheets as necessary)			Complete if Known		
			Application Number Filing Date	10/585,764	
			First Named Inventor	Klaus VOIGT	
			Art Unit	3749	
			Examiner Name	Samantha A. Miller	
Sheet	1	of 1	Attorney Docket Number	016906-0525	

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Examin	Cite	Document Number	Publication Date	Name of Patentee or Applicant of	Pages, Columns, Lines Where Relevant
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Examiner Initials*	Cite No.1	include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.) date, page(s), volume-issue number(s), publisher, city and/or country where published.	Т
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Examiner Signature	/Samantha Miller/	Date Considered	03/07/2011

*EXAMINER: Initial if reference considered whether or not oridation is in conformance with MFTP 689. Draw line through classific in from conformance and not considered. Include cupy of this farm with the accommunication to applicant. Applicant is required extending designation unlined (optional) 2.5 ex first, Godges of USF1O Patent Documents, at www.usio.go.or MFTP 981.04.3 Enter Office that issued the document, by the two-letter code (WPO Standard ST.3), 4 For Jaganeses baseline Occurrents, the includation of the vice of the region of the Empiricant such that search number of the patent gourners that found of accuments by the appropriate symbols as indicated on the document under WIPO Standard ST.13 if possible, 6 Applicant is to place a check mark here if English language.

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